

South Dakota Department of Human Services
ADA Admission Screen - Print Out

Unique ID: 333302021984FMA	First Name: Suzy	MI:	Last Name Client
MH Adm Date:	ADA Adm Date: 09/01/2008		
Local ID: 08F-001	Provider: South Dakota Counseling		

ADA Adm Date: 09/01/2008 Time: 8:00 Co-Dependent: No ROI: Y Revoked ROI: N Revoked Date:

ASAM Level of Care/Specific Pgm:

II.1 - Intensive outpatient treatment services

of Days Waiting to Enter Treatment: 69

Pregnant Due Date Primary Health Ins.

Source of Payment

No None No Charge

Referral

Detailed Criminal Justice Referral

Satellite Location

Court/Criminal Justice Referral

Department of Corrections

Adult Living Arrangement

Adolescent Living Arrangement

Income Source

Marital Status

Alone/Independent living

Wages/Salary

Never Married

Veteran Status

Education Level

Emp/UnEmp Status

Not In Labor Force

Emp/UnEmp Length

No

12

Not In Labor Force

Inmate of Institution

1 year

Did client attend a self-help or support group 30 days prior to admission: No

Mental Health

*Does client have a psychiatric problem in addition to Gambling or Alcohol or Drug use problem? No

Psychiatric/Mental Health Problems (Mark all that apply)

- ☐ Adjustment Disorders
- ☐ Anxiety Disorders (Panic disorder, phobias, obsessive compulsive disorders, post traumatic stress disorders)
- ☐ Attention - deficit and disruptive behavior disorders
- ☐ Bipolar Disorders
- ☐ Dementia
- ☐ Depressive Disorders (Suicidal ideation/attempts)
- ☐ Dissociative Disorders (Amnesia, Depersonalization)
- ☐ Eating Disorders
- ☐ Fetal Alcohol Effects
- ☐ Fetal Alcohol Syndrome Disorder
- ☐ Grief Issues
- ☐ Hyper-Activity Disorder
- ☐ Impulse - Control Disorders (Intermittent Explosive Disorder)
- ☐ Learning Disorders
- ☐ Personality Disorders (Antisocial, Avoidant, Narcissistic, Borderline, Paranoid, Schizoid, Dependent)
- ☐ Physical and/or Emotional Abuse
- ☐ Schizophrenia and Other Psychotic Disorders
- ☐ Sexual Abuse or Sexual Assault
- ☐ Sleep Disorders

Substance Abuse Information

Number of Prior Substance Abuse Treatment Episode 3 Previous

Opioid Replacement Therapy No

Primary Drug Information

Alcohol - Alcohol

Primary Route of Administration

Oral

Primary Frequency

No Use in Past Month

Primary Age of First Use

9

Primary Drug DSM Diagnosis

Alcohol Dependence 303.90

South Dakota Department of Human Services
ADA Admission Screen - Print Out

Unique ID: 333302021984FMA	First Name: Suzy	MI:	Last Name: Client
MH Adm Date:	ADA Adm Date: 09/01/2008		
Local ID: 08F-001	Provider: South Dakota Counseling		

Secondary Drug Information

Marijuana/Hashish - Marijuana/Hashish

Secondary Route of Administration

Smoking

Secondary Frequency

No Use in Past Month

Secondary Age of First Use

9

Secondary Drug DSM Diagnosis

Cannabis Dependence 304.30

Tertiary Drug Information

Methamphetamine - Methamphetamine/Speed

Tertiary Route of Administration

Smoking

Tertiary Frequency

No Use in Past Month

Tertiary Age of First Use

19

Tertiary Drug DSM Diagnosis

Amphetamine Dependence 304.40

Other DSM Diagnosis

No Diagnosis or Condition V71.09

Other DSM Diagnosis

No Diagnosis or Condition V71.09

Other DSM Diagnosis

No Diagnosis or Condition V71.09

Gambling Information

Gambling Diagnosis: None

Number of Prior Gambling Treatment Episodes:

Most Amt Ever Won:

Most Amt Ever Lost:

Current Gambling Related Debt:

Primary Gaming Type:

Not Applicable

Primary Frequency:

Not Applicable

Primary Age of First Episode:

Secondary Gaming Type:

Not Applicable

Secondary Frequency:

Not Applicable

Secondary Age of First Episode:

Tertiary Gaming Type:

Not Applicable

Tertiary Frequency:

Not Applicable

Tertiary Age of First Episode:

Legal Information

Number of Times Arested 30 Days Prior to Admission: 0

Number of DUIs in the Past 10 Years: 3

Y Currently on Parole Status/Penitentiary Inmate

Convictions in the past 10 Years:

<input type="checkbox"/> Assault	<input type="checkbox"/> Disorderly Conduct	<input type="checkbox"/> Minor in Consumption	<input type="checkbox"/> Shoplifting
<input type="checkbox"/> Breaking & Entering	<input type="checkbox"/> Failed UA	<input type="checkbox"/> Petty Theft	<input type="checkbox"/> Truancy
<input type="checkbox"/> Burglary	<input checked="" type="checkbox"/> Grand Theft	<input type="checkbox"/> Possession	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Chins	<input type="checkbox"/> Grand Theft Auto	<input type="checkbox"/> Public Intoxication	<input type="checkbox"/> Other
<input type="checkbox"/> Curfew Violation	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Robbery	
<input type="checkbox"/> Destruction of Property	<input type="checkbox"/> Ingestion of a controlled substance	<input type="checkbox"/> Runaway	